115649

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111-89

Vital Records Unit
CERTIFICATE OF DEATH

136

Field	Entry
1. Decedent's Name (First, Middle, Last)	Vera Ellen ROGERS
2. Sex	Female
3. Date of Death	Oct. 9, 1989
4. Social Security Number	[redacted]
5a. Age - Last Birthday (Years)	69
5. Birthplace (City and State or Foreign Country)	Morton, WA
7. Date of Birth	Sept. 15, 19[illegible]
8. Was decedent ever in US Armed Forces?	No
9a. Place of Death	Hospital: Inpatient
9b. Facility Name	Hood River Memorial Hospital
9c. City, Town, or Location of Death	Hood River
County of Death	Hood Riv[illegible]
10a. Decedent's Usual Occupation	Homemaker
10b. Kind of Business/Industry	Own Home
11. Marital Status	Married
12. Spouse	Robert E. Rogers
13a. Residence - State	Washington
13b. County	Skamania
13c. City, Town, or Location	Cook
13d. Street and Number	MP0.06R Jessup Road
13e. Inside City Limits?	No
13f. Zip Code	98605
14. Was decedent of Hispanic origin?	No
15. Race	White
17. Father - Name	Franklin - Smith
18. Mother - Name (First, Middle, Maiden)	Verna Pearl Chesser
19. Informant - Name and Relationship	Robert Rogers, Husband
20a. Method of Disposition	Cremation; Removal from State
20b. Place of Disposition	Park Hill Crematory
20c. Location	Vancouver, WA
21a. Signature of Funeral Service Licensee	R. P. Duinckx
21b. License Number	1482
22. Name, Address and Zip of Facility	GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672
23. Date Filed	OCT 11 1989
24. Registrar's Signature	Dorothy A. O'Neil
25. Did hospital representative make request for anatomical gift consent?	Yes
26. Was gift made?	Yes

To be completed by certifying physician

Field	Entry
27. Time of Death	1425 M
28. Was medical examiner notified?	No
29. Signature	J. Allan Henderson MD
30. Date Signed	10-10-89
34. Name, Title, Address and Zip of Certifier	J. Allan Henderson, M.D. 11th & June Hood River, OR 97031
36. Immediate Cause, Part I (a)	metastatic hypernephroma left kidney
Interval between onset and death	April 89
37. Did tobacco use contribute to the death?	No
38. Autopsy	No
40. Manner of Death	Natural
41a. Date of Injury	none

To be completed only by medical examiner

REAL ESTATE EXCISE TAX

015585 FEB 25 1993

PAID exempt

SKAMANIA COUNTY TREASURER

ORIGINAL — VITAL STATISTICS COPY

FILED FOR RECORD
SKAMANIA CO WASH
BY SKAMANIA CO. TITLE

FEB 25 11 20 AM '93

P. Lowry

GARY H. OLSON

Grantee: Skamania County Assessor 3-9-11-3-00

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